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Somerset County Council.

THE COUNTY EDUCATION COMMITTEE.

Annual Report

OF THE

SCHOOL MEDICAL OFFICER,

For the Year 1927.

WILLIAM G. SAVAGE, B.Sc., M.D., (Lond.), D.P.H.

County Medical Officer of Health,
County School Medical Officer.



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**To the Chairman and Members of the Education Committee
of the Somerset County Council.**

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit my Nineteenth Annual Report as School Medical Officer.

Much of it records the regular progress of the work, medical inspection, dental treatment, dealing with special defectives and the like. This work results in an enormous improvement of the health of the children and goes steadily on year after year.

Although the old work all continues some branches of it require less attention as the years pass. Two typical instances are the verminous and ringworm measures. The school children are vastly cleaner and the old disgraceful prevalence of verminous cases in a majority of the school children is a thing of the past, but not sufficiently to enable attention to be more than somewhat relaxed. Ringworm was once a considerable problem but now is well under control.

New developments, however, occur. The orthopædic and propaganda work are still young schemes requiring a great deal of attention but both yielding results of great value. During the year under review two new advances have been made. One is a scheme for the accurate ascertainment of cases of rheumatic heart disease with a view to a comprehensive attack upon this very important cause of chronic ill-health and early death. The other is a recognition of the importance of dealing with faulty posture in school children as a remediable condition responsible for a good deal of ill-health. Both are only just inaugurated but it is hoped that it will be possible in later reports to show favourable health gains.

The arrangement of the tables is the same as last year, and they are in the form asked for by the Board of Education.

I have to thank the Medical Officers, and particularly Dr. Weaver, for their valuable co-operation. Dr. Weaver has paid special attention to the physically and mentally defective children in the County, and our records of them are fairly complete.

I am,

Your obedient Servant,

WILLIAM G. SAVAGE.

Health Department,

Somerset County Council,

February, 1928.

ORGANISATION.

By arrangement with the Public Health Committee, Dr. Dunscombe devoted part of his time to the work of that Committee and Dr. Williamson did an equivalent amount of school work. Dr. Dunscombe left in the autumn, his place being taken by Dr. Lister. The other medical and dental officers were as in the previous year.

MEDICAL INSPECTIONS CARRIED OUT.

The number of Elementary Schools is 461 with 522 departments. The average attendance during the year ending 31st March, 1927, was 38,830.

		Urban.	Rural.	Total.
Council Schools	...	27	115	142
Voluntary Schools	...	36	283	319
		<hr/>	<hr/>	<hr/>
Total	...	63	398	461

The number of visits paid to Elementary Schools for the purpose of conducting routine inspections during the year was 1,181. The number of children inspected was 24,460, a decrease of 2,948 over the previous year. The figures for the different groups are set out in Table I. (at end of Report).

The number of children inspected, exclusive of re-inspections, was 15,535. The number of children re-inspected during the year was 8,925, compared with 9,845 in the previous year. This is exclusive of the cases referred to the School Oculist. The number of inspections in each district under the different groups examined is shown in Table VII. (at end of Report).

All the schools, except 3, were visited during the year. Two of these three schools (Hawkridge and Oare) are very small schools which are only visited every two years, the third school (Catcott) is being rebuilt. The percentage of parents present at routine inspections was 51.3. Pressure of other work only allowed a second visit to the schools to be made in a minority of cases.

EXAMINATION OF BURSARS, SUPPLEMENTARY TEACHERS, ETC.

Bursars.—The results of these examinations during the year are set out below:—

	Boys.	Girls.	Total.
Number accepted without qualification	5	5	10
Number provisionally accepted subject to treatment being obtained for:—			
Defective vision and dental defects	1	0	1
Otorrhœa and dental defects	0	1	1
Dental defects only	2	6	8
Rejected	1	0	1
	<hr/>	<hr/>	<hr/>
Number examined	9	12	21

All the candidates found to need treatment obtained it, and were subsequently accepted. Two were examined by the County Oculist. One was rejected on account of high myopia.

Supplementary Teachers.—In accordance with the requirements of the Board of Education, 33 women teachers were examined at various times during the year and graded as follows:—

A.1.—In good health and free from defects	...	...	...	...	11
A.2.—In good health, but with slight physical defects	...	...	...	...	19
B.1.—In good health, but with defects likely to shorten period of service					1
B.2.—In good health, but with defects interfering with their efficiency					1
B.3.—In temporary sub-normal health	...	...	...	...	1
C. —Unfit	...	...	...	...	0
					33

The chief defects found were, as usual, dental caries and errors of refraction. Two teachers were examined by the County Oculist.

FINDINGS OF MEDICAL INSPECTIONS.

The figures for 1927 are set out in Tables II., III., and VI., which are on the same lines as last year and in the form recommended by the Board of Education.

Some of the chief percentage figures given in Table VI. are nutrition, bad or below normal, 8.3; defective hearing, 2.7; ear disease, 2.1; skin disease, 0.9; adenoids, slight, 5.2, severe, 0.4; considerably enlarged tonsils, 2.9; defective speech, 2.4; dental disease, 68.9; organic heart disease, 0.3; anaemia, 4.0; pulmonary tuberculosis, definite, 0.2, suspected, 0.4. These percentages are very similar to those recorded in previous reports.

Defective Vision.—Defects are recorded for 38.3 per cent. of the children as shown in Table VI. This includes all degrees of defect, and is not very helpful without explanation. The percentage prevalence of defects amongst the three group classes is set out below. "Slight defect" includes visual acuity of 6/9 and 6/12 and "marked defect" any greater degree of vision defect.

Entrants.			8 years old.			Leavers.			Total Routine. (8 years and over)			
Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	
Slight defect	81.4	84.5	83.1	30.5	31.7	31.1	19.6	21.7	20.7	24.8	26.2	25.5
Marked defect	25.7	20.2	22.7	7.5	7.5	7.5	7.7	9.7	8.7	7.6	8.7	8.2

The percentages for the 8 year old children and the "Leavers" group represent the proportion of slight and marked eye defects amongst the children. The figures for the entrants are given but they merely represent the proportion found with defective sight amongst those presented by the teachers as with possibly defective eyesight, since entrants are not examined for eye defects as a routine measure. The number of children so presented fluctuates greatly.

During the year, 1,707 elementary school cases were examined by the Oculist, 687 being re-examinations. In 1,000 of the 1,020 new cases errors of refraction were present. The nature of the defects found are given in the following tables:—

Errors of Refraction.	BOYS.				GIRLS.				Totals.
	Under 7.	8.	12 & over	Other Ages.	Under 7.	8.	12 & over	Other Ages.	
Hypermetropia	49	48	49	73	60	38	88	84	489
Hypermetropic astigmatism ...	14	38	23	42	18	41	40	62	278
Myopia	5	11	18	12	9	8	18	24	105
Myopic astigmatism ...	2	9	8	5	0	6	9	10	49
Mixed astigmatism ...	2	14	4	6	4	12	8	11	61
Heterometropia	0	5	2	1	0	4	4	2	18
Total ...	72	125	104	139	91	109	167	193	1000
Re-examination cases ...	17	29	120	129	21	19	195	157	687
Cases without error of refraction	3	2	2	1	5	0	4	3	20

		Boys.	Girls.	Totals.
Disorders of Mobility.	Convergent strabismus	80	84	164
	Alternating strabismus (mainly convergent)	1	2	3
	Divergent strabismus	2	2	4
	Nystagmus	3	7	10
Pathological changes of Eye due to accident or disease.	Of Conjunctiva	4	2	6
	,, Cornea	16	5	21
	,, Sclerotic	—	—	—
	,, Iris and ciliary body	6	2	8
	,, Lens	—	—	—
	,, Vitreous	0	1	1
	,, Choroid and retina	2	1	3
	,, Optic Nerve	—	—	—
Diseases of Adnexa of the Eye.	Of Eyelids	33	54	87
	,, Lachrymal apparatus	2	1	3
Congenital Disorders of the Eye.	Globe as a whole	1	1	2
	Cornea (conical chiefly)	—	—	—
	Sclerotic (blue)	—	—	—
	Iris and Ciliary body	1	1	2
	Lens { Dislocation	—	—	—
	{ Cataract	3	1	4
	Choroid and retina	—	—	—
	Optic Nerve	—	—	—
	Lack of pigment	1	0	1
	Eyelids	4	2	6
Headaches, and other reflex nerve symptoms associated with visual defects		97	162	259
Cases considered unsuitable for instruction in Elementary Schools and certified as "Blind"		1	1	2

In addition 53 Secondary School scholars, 2 Bursars and 2 Supplementary Teachers were examined, and five days' work (approximately 60 cases) was done for the Bridgwater Urban Authority. In connection with the arrangements made between the County Education Committee and the Mental Deficiency Act Committee, 4 cases at Sandhill Park were examined as to their vision.

The number of children wearing spectacles varies greatly in the schools, and is from about 8 to 30 per cent. Dr. Walker (County Oculist) reports that where the proportion is very high he finds that many of the children are working under bad lighting conditions. This does not imply, of necessity, that this represents cause and effect, since many of these defects are due to hereditary influences, but bad lighting conditions certainly accentuate the symptoms due to these defects. In a good many cases it has been found possible to improve these faulty lighting conditions by a re-arrangement of the position of the desks, and this has been carried out in most cases. Dr. Walker has also made valuable suggestions to Head Teachers with regard to special methods of teaching for individual children with high myopia or other serious eye defects. With such special consideration many of these cases do well in school.

Rheumatic Heart Disease. Heart diseases are now the most frequent cause of death, while the amount of invalidity is very great and the financial loss heavy. A very material proportion is due to acute rheumatism. Acute rheumatism is a disease which largely develops during school age and which seems to be commonest in the artisan classes, i.e., more so than in the very poorest or the well to do. Involvement of the heart muscles is a definite feature of the disease and in consequence chronic heart disease is a common result. Chorea is a manifestation of the same condition.

The Medical Inspection records show that the number of organic heart cases reported each year is considerable and the great majority are due to rheumatic infections. One of the difficulties is that to make an accurate diagnosis of the type of heart disease requires a specialist's opinion and is beyond what can be done in ordinary Medical Inspection. In consequence a certain number of children get labelled as chronic hearts, with the accompanying disabilities, when they really are suffering from types of heart trouble which are not dangerous.

In view of our lack of knowledge as to the causation of rheumatic heart disease, it is important to carry our detailed investigations over a considerable area. With the co-operation of Dr. Carey Coombs and other specialists it has been possible to arrange a combined inquiry extending over the counties of Wiltshire, Gloucestershire and Somerset and the cities of Bristol and Bath. The arrangements were completed during the year and the scheme was started in the autumn. The practical objects in view are:—

- (a) To settle accurately which are the true rheumatic heart cases.
- (b) By stimulating interest amongst doctors and the people generally to get the cases early. They are often overlooked, the rheumatism ascribed to "growing pains" and only come to medical notice when they already have badly damaged hearts.
- (c) To obtain definite information as to the environmental and other conditions in each case, with the aim of ultimate prevention. For instance, there is probably a close association with disease of the tonsils, possibly with damp houses, etc.
- (d) To give better guidance as to the occupations these children with damaged hearts should take up.
- (e) Ultimately, when a clearer idea of the problem is obtainable, treatment in rest hospitals may be possible.

The Scheme includes:—

Voluntary notification of actual or suspected cases by local medical practitioners.

The selection of actual or suspected cases by the School Medical Inspectors in connection with their school work.

These cases are listed and when a sufficient number in any one area has accumulated a special examination of them is undertaken by a heart specialist. Dr. Herapath, of Bristol, is doing the work in Somerset. After the cases are sorted out, detailed inquiries are made on a special form (Form D) in regard to the home conditions,

relationship to other cases and numerous other points. These inquiries are in general made by the Health Visitor of the district. Very great care is taken in the compilation of Form D and in particular that the local details are those at the time and antecedent to the development of the disease and not the present conditions. In due course these findings will be carefully analysed. Suitable control inquiries are also included. Since it takes time to collect the cases, it was possible to hold only one of these special clinics (at Bath) during 1927. At this clinic fourteen children were examined.

MEDICAL TREATMENT AND FOLLOWING UP.

In previous reports an extended account was given of the means employed in the County for providing treatment for defects found at Medical Inspection. These need not be recapitulated as no material changes have been made.

During the year 1,417 new cases were referred to the Care Visitors. Arrangements have now been made with 149 Nursing Associations, a decrease of 1 during the year. Inspections in 444 schools were attended by District Nurses. 962 inspections were attended by these nurses, and 2,198 cases were referred to them for home visits. Their reports state that 6,391 home visits were paid to these cases.

Their reports upon the 2,198 cases referred to them for home visits show that in 927 cases (42 per cent.) medical treatment had been obtained, and 252 cases (12 per cent.) were under treatment by the nurse; in 524 cases (24 per cent.) no treatment was obtained; 468 cases (21 per cent.) were under supervision; and in the remaining 27 cases (1 per cent.) visits had yet to be made at the time the reports were received.

During the year 691 cases of slight degrees of nasal obstruction, probably due to adenoids, but not marked cases, were reported for breathing exercises in the schools under the direction of the teachers. Directions to parents and teachers as to treatment were given in 2,324 cases (17 per cent.) and for observation in 1,574 cases (12 per cent.).

The Scheme for providing extra nourishment for debilitated and under-nourished children was fully described in my 1926 Report. During the past year grants of milk, malt and oil or Parrish's Food were made to 226 children at a total cost of approximately £48.

The methods of treatment for special defects described in previous reports were maintained. The following defects may be specially mentioned:—

MINOR AILMENTS, INCLUDING SKIN DISEASES.

A number of cases of minor ailments are referred to the District Nurses for treatment, and during the year 269 cases were so referred. Many cases were treated at the School Clinics (see pages 23 and 24).

TONSILS AND ADENOIDS.

A scheme for securing operative treatment for Tonsils and Adenoids at certain approved hospitals was started in 1920. Last year 186 recommendations were issued, and 180 operations performed. The total cost of these operations was £327 12s. 0d., of which sum £18 0s. 0d. was refunded by the parents, leaving a balance of £309 12s. 0d. to be paid by the County Education Committee.

The demands for assistance continue to grow, partly owing to careful "following up" of children suffering from enlarged tonsils and adenoids, but more particularly owing to the difficulty of securing operative treatment at the smaller Voluntary Hospitals, either by subscribers' tickets or through the various Hospital Contributory Schemes. Complaints have also been received from hospitals that their medical officers do not consider that such operations should be performed upon school children except under arrangement with the Education Committee concerned.

The grant available for such hospital treatment for the present financial year was exhausted in less than nine months, and many applications for assistance in securing necessary operations have had to be refused or postponed. An increase of the grant is desirable, if the benefit of operative treatment is to be given to all the children needing it.

At the end of the year the old circular giving directions as to breathing exercises was replaced by a new one. The new circular gives a full description of exercises which not only improve nose breathing, but also aid the development of the abdominal muscles. These exercises are a great improvement. While specially applicable for use after adenoid operations, they are of much wider general application and should be of considerable practical utility.

GOITRE.

As explained in earlier reports, the administration of small quantities of iodine salts to children in a number of selected schools has been carried out on experimental lines to study its effect as a means of preventing goitre. This was started in 1925 and has been continued during all 1926 and 1927. We have therefore records of children who have received iodine for two years continuously and of those over only one year. The numbers are not large in the tables recorded below because although many more children were given the treatment, a good many left school before they had received a sufficient number of doses or before the later examination of their condition was made.

The iodine was given as sodium iodide, one-fifth of a grain, and was given in chocolate. This and the other particulars of procedure are all recorded in last year's report.

Comparable schools are used as controls, the thyroid conditions being recorded for girls of similar ages in these schools exactly in the same way as for those taking iodine, also not all the children of the selected ages are taking iodine and these are used as controls. Great care is taken to avoid bias and the Inspectors are instructed to record the thyroid condition at each examination without referring to the result of the previous examination, while they do not know in many cases which children are taking the iodine and which are controls.

The local conditions as regards the prevalence of goitre differ somewhat in the two areas and for this reason, and so as to eliminate the personal equation as much as possible, the two sets of figures are kept separate. The results are shown in the following tables:—

GIRLS AGED 10, 11 AND 12 YEARS.

Iodine for 1 year.

			Dr. Hibbert.		Dr. Brooks.	
			+ Iodine.	No Iodine.	+ Iodine.	No Iodine.
Number of children observed	...	...	159	71	360	38
No thyroid enlargement	Unaltered	...	99	33	264	35
	Slight increase	...	10	17	37	0
	Considerable increase	...	0	0	0	0
Slight thyroid enlargement	Decreased	...	9	1	10	0
	Unaltered	...	34	15	45	2
	Increased	...	1	4	1	0
Definite goitres	Decrease to normal	...	0	0	0	0
	Some decrease	...	3	1	1	1
	Unaltered	...	3	0	2	0
	Increased	...	0	0	0	0

GIRLS AGED 10, 11 AND 12 YEARS.

Iodine for 2 years.

			Dr. Hibbert.		Dr. Brooks.	
			+ Iodine.	No Iodine.	+ Iodine.	No Iodine.
Number of children observed	...	...	230	222	866	195
No thyroid enlargement	Unaltered	...	119	79	368	110
	Slight increase	...	13	34	49	26
	Considerable increase	...	1	2	0	0
Slight thyroid enlargement	Decreased	...	35	8	211	20
	Unaltered	...	46	61	169	31
	Increased	...	3	23	6	0
Definite goitres	Decrease to normal	...	0	0	14	0
	Some decrease	...	9	2	39	2
	Unaltered	...	4	12	10	6
	Increased	...	0	1	0	0

GIRLS AGED 10, 11 AND 12 YEARS.

PERCENTAGES.

One year dosage.

		Dr. Hibbert.		Dr. Brooks.	
		+ Iodine.	No Iodine.	+ Iodine.	No Iodine.
Normals	...	Showing increase	...	9.1	34
Slight cases	...	Showing decrease	...	20.5	5
		Showing increase	...	2.3	20
Definite goitres	...	Unaltered	...	50.0	—
		Decreased	...	50.0	—
				12.3	0
				17.9	—
				1.8	—
				66.0	—
				33.0	—

GIRLS AGED 10, 11 AND 12 YEARS.

PERCENTAGES.

Two year dosage.

		Dr. Hibbert.		Dr. Brooks.	
		+ Iodine.	No Iodine.	+ Iodine.	No Iodine.
Normals	...	Showing increase	...	10.5	31.3
Slight cases	...	Showing decrease	...	41.7	8.7
		Showing increase	...	3.6	25.0
Definite goitres	...	Unaltered	...	31.0	80.0
		Decreased	...	69.0	13.3
				11.7	19.1
				54.6	39.2
				1.5	0
				15.9	75.0
				84.1	25.0

DRS. HIBBERT AND BROOKS' RESULTS TOGETHER.

PERCENTAGES.

		One year dosage.		Two year dosage.	
		+ Iodine.	No Iodine.	+ Iodine.	No Iodine.
Normals	...	Showing increase	...	11.5	20.0
Slight cases	...	Showing decrease	...	19.0	4.5
		Showing increase	...	2.0	18.1
Definite goitres	...	Unaltered	...	55.6	—
		Decreased	...	44.4	—
				11.5	24.7
				52.3	19.6
				6.3	16.1
				18.4	82.6
				81.6	17.4

While the figures are small they are consistent and all tell the same story both this and last year. The administration of this small quantity of iodine for the short period of a year had some effect but was not very striking or definite as regards the development of enlargement from normal cases; when the administration was prolonged for a second year the influence was much more definite and consistent.

With children showing a slight increase of the gland, but nothing marked or pathologeal, the figures show a decrease in a much higher proportion than for the controls and this is particularly marked when the administration is carried over a second year. I think this influence is quite definite. The children with considerably enlarged thyroids are rather few in number, but most of them show a decrease in size; this did not occur when iodine was not given.

These results are not nearly as striking as those obtained in Switzerland and elsewhere from the administration of small doses of iodine, but the conditions are hardly comparable. In these areas the proportion of goitre was very high and the number of pathological enlargements a considerable proportion of the whole. In Somerset the cases are not only fewer but the degree of enlargement is much less and marked enlargements are comparatively rare. It is not to be anticipated, therefore, that results anything like so striking as those reported abroad will be obtained. Very great care has been taken with the examinations, and the results obtained although not marked are definite. In particular they show the value of administration for two years rather than for one year. With school holidays, etc., only about 38 to 40 doses are given each year. The iodine has a definite influence upon the slight, but not pathological, enlargements preventing them from proceeding further and passing on to cases which may affect health. In no case was there the slightest evidence of any harm having resulted.

The above work was carried out on experimental research lines and in consequence involved a great deal of work, both as regards multiple examinations and compiling the results. I see no need to continue this work on these experimental lines, as we are not likely to learn more than has now been established. The results are not sufficiently striking to make me suggest that the administration of iodine should be adopted as a prophylactic measure in all schools in the county. On the other hand there is a strong case for the administration of these iodized choelates to the children in certain selected schools. We now have fairly complete records as to the schools in which goitre is really prevalent. In such schools the girls when 10 years old might be put on this preventive treatment until 12 years old. In other schools individual children with definite goitres but not causing any impairment of health might be put on this treatment to arrest, if possible, the enlargement. All these cases would be carefully recorded and re-examined, but there would be no need of the present elaborate system of controls and records. The cost of the choelates works out at 6½d. per 40 doses and is the cost of treating each child per annum. The total expenditure for iodine treatment per year would therefore not be considerable. Our results show that the enlargement is usually much less in boys, so this treatment would only be required for some individual boys.

The above remarks have been made only in reference to the size of the thyroid gland. This, however, is only the index of measurement. There is considerable evidence that an inadequate absorption of iodine and the consequent enlargement of the thyroid to try and compensate with an increased secretion is only part of a link of changes associated with malnutrition and deficient functioning of the body. It was not possible to collect any data as to the effect of the iodine administration on the general health of the children. The dose given was very small and was possibly inadequate in some cases.

TUBERCULOSIS.

Children found on Medical Inspection to have tuberculosis are referred to the Tuberculosis Section of the Public Health Department and are dealt with under the Tuberculosis Scheme. Suspected cases are marked "T.O." on the cards and referred to the nearest Tuberculosis Dispensary for examination by the Tuberculosis Officers. If they find the children suffering from tuberculosis, they are dealt with under the Tuberculosis Scheme; if negative, no further action is required; while, if doubtful or suspicious, they are kept under observation and re-examined. The arrangement works very well.

During the year 80 cases of tuberculosis, or suspected tuberculosis, of the lungs were recorded amongst the routine inspections, while there were 3 definite and 47 suspected cases amongst those specially presented. Forty-one cases of tuberculosis of other parts of the body were recorded, chiefly of glands, bones and joints. Of the 120 cases referred to the Tuberculosis Officers and examined, 31 per cent. were found to be definite cases, and a further 13 per cent. suspicious cases of tuberculosis.

Quantock Summer Camp. The Summer Camp in the grounds of the Quantock Sanatorium was again held during the year and on very similar lines to the Camps in 1924, 1925 and 1926. Great care was taken in selecting the children and they were picked out by the Medical Inspectors and the Tuberculosis Officers right throughout the year, the list being revised and the children finally selected a few weeks before the Camp opened.

Forty girls were at the Camp from July 14th to August 11th, and forty boys from August 13th to September 10th, a period of four weeks for each group. The children were regularly weighed and medically inspected while at the Camp. The benefit to the children was striking. The average gain in weight for the girls was 7 lbs. and for the boys $3\frac{1}{2}$ lbs. As before, the Camp was run mainly by voluntary help. The total expenditure was £242, of which £169 was for food. The children were well fed and the cost for food for children and staff worked out at 16.13 pence per head per day. Each child for its four weeks' holiday cost £3 0s. 6d., including everything. The Education Authorities of Taunton, Yeovil and Bridgwater repaid £86.

VISION AND EYE DEFECTS.

The cases of defective vision include cases of slight defects which require no special treatment, and cases of decided impairment of vision or with definite symptoms of eye strain which are referred to the School Oculist. During 1927 the School Oculist examined 1,020 new cases and prescribed glasses in 935 cases.

At the end of the year the number of eye centres in the County was 35, all unaltered from the previous year. Eighty-seven per cent. of the children summoned to the different eye centres attended. Of the remaining 13 per cent., the majority attended on being again sent a notice.

During 1927 the five shillings charged for spectacles was received from 1,034 parents, while in 138 cases (as compared with 115 in 1926) the cost or part of it was provided out of County funds. The expenditure involved was £23 0s. 7d., as compared with £21 15s. 0d. in 1926. Necessitous cases requiring free repairs to frames or new lenses, etc., cost the Committee £1 1s. 0d. In addition a net sum of 9s. 9d. was paid in carrying out the resolution of the Education Committee to pay charges for repairs above 2s. 6d. The present charge for spectacles is now rather more than their actual cost, and during the year this gave a profit of £36 12s. 5d. £24 11s. 4d. was lost on the cost of repairs and for free glasses, and £5 on the cost of eyeshades. The cost of eye material, therefore, was over-covered by about £7.

During the year 1,172 new pairs of spectacles were supplied, while 762 pairs previously ordered were repaired, or new lenses were fitted to old frames. Children provided with spectacles are re-examined by the Medical Inspectors at their next visit to see that the spectacles fit and have not been bent out of shape. If necessary the children are referred back to the School Oculist.

Of the 1,020 new cases examined, 171 were cases of squint. Glasses were prescribed in 164 cases and obtained in 140. In 7 cases spectacles were not required, treatment by shading, etc., being advised. Eye shades were provided in 45 cases.

DENTAL DEFECTS.

The Dental Scheme only deals with children of selected special ages. Children found at Medical Inspections to have defective teeth are not treated by the School Dentists unless they come under the Scheme. They are referred for treatment as for other defects, i.e., the parents are informed, the School Care Visitors have case sheets, etc.

Treatment of defective teeth under the Scheme.—Three dentists were at work throughout the year. The figures set out show that 43 per cent. of the children passed through the hands of the School Dentists.

The children examined and the distribution of the schools dealt with are shown in the following table:—

District.	No. of schools.	No. of schools included.	No. of days worked.	Children examined.		Children treated.	
				Ages included in Scheme.	Other Ages.	Ages included in Scheme.	Other Ages.
Axbridge Union	45	44	58	1,598	1	1,052	—
Weston-super-Mare	6	4	18	485	—	300	—
Bath Rural ...	17	17	26	645	—	495	—
Bridgwater Rural ...	38	38	43	1,033	—	873	—
Chard Union ...	28	28	40	1,192	3	998	3
Clutton Union ...	32	30	71	1,913	—	1,244	—
Dulverton Union ...	13	11	10	238	—	197	—
Frome Union ...	27	*34	45	1,254	1	907	—
Keynsham Union ...	10	9	13	341	—	208	—
Langport Union ...	24	24	25	640	—	495	—
Long Ashton Union	33	32	50	1,365	—	886	—
Shepton Mallet Union	25	23	28	710	—	503	—
Taunton Rural ...	29	18	23	520	—	448	—
Wellington Union ...	18	18	30	773	—	669	—
Wells Union ...	26	*40	57	1,495	—	1,100	—
Williton Union ...	31	30	32	850	—	717	—
Wincanton Union ...	27	27	33	850	—	603	—
Yeovil Rural ...	32	32	30	822	—	681	—
	461	459	632	16,724	5	12,376	3

*Twenty-two schools in the County were inspected twice in the year.

The number of children treated during the year under consideration was 12,379.
The treatment given was as follows:—

Extractions (temporary) ...	...	...	...	...	...	12,376
,, (permanent) ...	...	...	...	...	...	564
Fillings ...	...	...	...	...	...	8,192
Other treatment (scaling) ...	...	...	...	...	...	60

		No treatment required.			Cases requiring treatment.						
		No. of Cases.	No previous treatment.	Previously treated.	No. of Cases.	Extraction temp. only.	Extraction perm. only.	Fillings only.	Extraction and fillings.	Extraction, fillings, and other work.	Other work only.
Mr. Goddard	....	2014	825	1189	3684	1647	86	1328	622	0	1
Mr. Nicolson	....	822	326	496	4697	3016	125	956	597	1	2
Mr. Crossley	....	1514	530	984	3998	1898	69	1124	842	20	45
		4350	1681	2669	12379	6561	280	3408	2061	21	48

The number of children with teeth which have been treated and then kept sound by yearly examination is very considerable as can be seen from the table.

The most satisfactory features of the scheme are the large number of children which yearly require no treatment and the large number of fillings and the small number of permanent teeth extracted as set out in the table. The table shows that 4,350 required no treatment, of which 2,669 had been previously treated. To this should be added, from the point of view of conservative dentistry, the 6,561 children who required temporary extractions only. This makes 10,911 children whose teeth were examined and found to be sound except for temporary extractions. The number of children now maintaining sound permanent teeth on account of this annual treatment is very large, and is conclusive evidence of the value of the dental work.

Mr. Goddard, Mr. Nicholson and Mr. Crossley worked 632 days (210, 213 and 209 respectively) during the year and examined 16,729 children, an average of 26 a day, while 19 a day were treated, the average for the previous year being 26 and 19 respectively. These figures must be considered as satisfactory in view of the difficulties of transport, administration, etc.

There is very little fresh to be said about the dental scheme. It covers the whole county and only a very few schools are not included. As many as 43 per cent. of the children are examined each year under it. Some of those not included are because they are under age or otherwise not within its scope, most are because their parents have not included them when they had the opportunity. This in part depends upon the keenness with which the scheme is taken up and pushed by Head Teachers, and there is a good deal of difference as regards this point. Now that we have the work so well in hand it should be possible to improve this side and obtain a more uniform response. Until now we could not deal with any more children than were being presented. Propaganda work in individual schools should help towards a better response.

The cost of the dental work for the year was £2,581, the largest items being £1,549 salaries of dentists, £541 travelling and maintenance allowances, and £225 clerical assistance. The cost of dental materials and renewals was £78, while the amount paid for the hire of rooms was £140.

The sums received as fees from parents during the year amounted to £311. The cost for each child treated works out at 4/2, or deducting parents' contributions to 3/8. This is exactly the same as last year.

The numbers of toothbrushes sold during the last ten years are: 4,637, 5,594, 8,099, 3,233, 3,637, 3,928, 2,355, 2,988, 3,695, 3,192 (1927). The price charged is 4d.

CRIPPLED CHILDREN.

The orthopædic scheme was in full work all through the year and was extended in certain directions. Further voluntary assistance was obtained and now voluntary organizers are appointed for all the Major and all but two of the Minor Centres. At 3 of the 5 Major Centres V.A.D. nurses have mainly staffed the clinics. The voluntary assistance given has been very helpful and valuable. Transport still offers difficulties but these are gradually being overcome.

Close co-operation is maintained with the other County services. Not only are treated children followed up by the Orthopædic Sister, but they are re-examined and kept under observation by the School Medical Inspectors and Tuberculosis Officers.

Dr. Forrester-Brown has been the Visiting Surgeon for all the clinics as well as in general charge of the cases admitted to the Bath Orthopædic Hospital, and much of the success of the scheme is due to her skill and enthusiasm for the work. The operations at the Hospital are carried out and shared between two Visiting Surgeons and Dr. Forrester-Brown.

The attendances at the Major and Minor Clinics are shown in the following tables:

Attendances at Major Clinics, 1927.

Dispensary.	No. of Clinics held.		New Cases seen.	I	Total Attendances.				
	Surgeon	Sister			E	T	O	All	
Glastonbury	7	40	35	62	263	15	25	365
Radstock	9	43	73	59	439	29	14	541
Taunton	12	40	123	74	261	10	398	743
Weston-super-Mare	9	38	59	41	584	6	46	677
Yeovil	9	32	56	55	278	15	61	409
		46	193	346	291	1825	75	544	2735

NOTE.—I=County Pre-school cases, E=County Education cases, T=Tuberculosis cases, O=Other cases, including cases from outside authorities and children over age (54 in all).

Attendances at Minor Clinics, 1927.

Dispensary.	No. of Clinics held		New Cases seen.	Total Attendances.				
	Surgeon	Sister		I	E	T	O	All
Bath	1	12	17	11	58	1	1	71
Bridgwater	1	12	3	52	38	6	65	161
Chard		5		—	21	—	—	21
Cheddar		9		8	19	—	—	27
Clevedon		10		7	36	—	—	43
Frome		20		19	123	—	—	142
Langport		10		1	38	3	—	42
Minehead		12		4	50	1	—	55
Shepton Mallet		11		3	41	2	—	46
Wellington		1		—	5	—	—	5
Wincanton		10		1	40	3	—	44
	2	112	20	106	469	16	66	657

Bath, Somerset & Wilts Central Children's Orthopædic Hospital.

Somerset Cases in Hospital during 1927.

Type of Case	In Hospital 31-12-26	Admitted	Discharged	In Hospital 31-12-27	Average duration of each case (discharged cases only).
Nor. resp. Tuberculosis (Bones and Joints)	7	8	7	8	316 days
Congenital deformities	4	21	20	5	146 days
Infantile Paralysis (Ant. Poliomyelitis)	3	11	10	4	186 days
Rickets	4	11	12	3	104 days
Spastic paralysis	1	1	2	0	122 days
Scoliosis	1	3	2	2	82 days
Osteo-myelitis (other than tubercular)	2	1	2	1	437 days
Other cases	2	5	6	1	54 days
TOTAL ..	24	61	61	24	

Last year I commented on the prolonged length of stay in hospital, and for 1927 this, on the whole, is still longer. In consequence only 61 cases could be admitted during the year, and there has been a very long waiting list varying from 30 to 35 cases. It has been possible to board out 4 cases near the hospital so that they could obtain the necessary final treatment after discharge from hospital without remaining as in-patients. Most of the cases have been long standing ones, hence the prolonged stay, but there is a certain amount of delay in obtaining splints, or operative treatment promptly, which has somewhat increased the length of stay in hospital.

In addition to these cases a number of tuberculosis cases suffering from bone and joint diseases have been treated at Alton. During the year 7 cases have been sent, and on January 1st, 1928, there were 5 cases there still under treatment.

A very large number of crippled children have been seen at the different clinics, as shown in the tables. Some of them suffer from several defects and in others a definite diagnosis has either not been made or has not been recorded on our records. The statement given below, while not a complete classification, gives a good idea of the types of cases which have been dealt with at the Clinics.

Cases seen at the Clinics.

Tuberculosis of bones and joints ...	...	...	...	...	15
Spastic paraplegia ...	...	...	...	...	7
Infantile paralysis (polio-myelitis)	...	...	...	...	24
Osteo-myelitis	...	...	...	...	3
Congenital dislocation of the hip...	...	...	...	...	5
Club foot	...	...	...	...	16
Claw foot	...	...	...	...	2
Rickets	...	...	...	...	66
Knock knees (mostly old rickets)...	...	...	...	...	69
Scoliosis	...	...	...	...	8
Torticollis	...	...	...	...	9
Crippling after fractures and injuries	...	...	...	...	8
Diseases and injuries of the toes ...	...	...	...	...	9
Postural deformities:—					
General defects of posture	...	...	...	...	34
Flat foot (often with other postural deformities) ...					25
Kyphosis	...	...	...	...	2
Other defects and deformities	...	...	...	...	61
					30
					332

Amongst the cases seen, rickets and deformities resulting from rickets still hold the chief place as the most common individual cause of deformities. Cases of certain important crippling conditions were much fewer than in the previous year, *i.e.*, poliomyelitis and congenital dislocation of the hip, the new cases presented last year being respectively 90 and 25. Another important cause of severe crippling, spastic paraplegia, was also only rarely met with this year as compared with 1926 when there were 27 cases of this disease brought to the clinics for the first time.

Many of the old long standing cases have been dealt with and a feature of the present year's work, compared with the first year, has been the numerous cases which have been received at the Clinics in the early and comparatively early stages of crippling. This becomes more and more the case as the work develops and is a very satisfactory part of the scheme. Not only is more efficient treatment possible, often effecting a complete cure, but treatment is shorter and so much less costly. In a year or so, only early crippling cases should be coming to the Clinics.

A large number of cases have been provided with suitable splints and appliances. During 1927, 51 splints, etc. were supplied, 23 being calipers and 18 outside irons, while 45 alterations to ordinary boots were ordered and supervised. In addition a large number of plaster of Paris splints were fitted. These appliances are obtained from the Oswestry and Wingfield Orthopædic Hospitals, as well as from the Bath Orthopædic Hospital. There still has been a good deal of delay in delivery.

During the year arrangements for massage treatment have been made in a number of areas and facilities are now available at Bath, Cheddar, Frome, Shepton Mallet, Taunton and Yeovil. These will be extended as opportunity offers. Owing to the distance at which many of the patients live from the clinics and the fact that any massage treatment requires to be given at least twice a week, it is a problem of considerable complexity to provide massage for all cases which require it.

X-ray photographs of cases are required in a number of instances, either to aid in making the diagnosis or as a guide to the treatment required. Arrangements have been made with 8 Hospitals or individuals for X-ray photographs. The usual agreed scale is 10/6 per plate, but many cases require two plates. It is important to arrange with as many centres as possible as the transport of these cases is always a difficulty.

Treatment by artificial light is useful in a few cases, especially with crippling due to rickets which is still active, and this is being given at the three centres (Bridgwater, Weston-super-Mare and Yeovil) where this has been established.

The cost of the Orthopædic Scheme is apportioned between the County Education Committee, the Tuberculosis Sub-Committee and the Maternity and Child Welfare Sub-Committee. The proportion of tuberculosis cases seen and admitted to hospital has been fewer than anticipated and the Education Committee cases correspondingly more numerous, so that the major cost at present is falling upon the Education Committee.

The total expenditure upon the Orthopædic Scheme shared between the three Committees for 1927 is as follows:—

EXPENDITURE.

I. In-patients.

	£	s.	d.
Bath Orthopædic Hospital	3,060	16	4
Boarded-out cases	24	15	0
Travelling expenses to Hospital	19	6	6

II. Out-patients.

(a) Splints and appliances	68	11	0
(b) Orthopædic Surgeon (services and travelling expenses)	216	16	6
(c) Nursing assistance: Miss Mayor (salary and travelling expenses)	518	16	8
Holiday substitute	24	6	0
(d) Travelling expenses of cases	20	15	6
(e) Maintenance of County Clinics	95	15	3
(f) Payments to outside Clinics	17	9	6
(g) X-ray photographs	28	12	3
(h) Payments for massage	16	16	0
(i) Bath City Statutory Hospital	25	16	0

III. Central Office expenses.

Clerical assistance, printing, postage, stationery, etc.	... 126	18	6
	<hr/>	<hr/>	<hr/>
	£4,265	11	0
	<hr/>	<hr/>	<hr/>

RECEIPTS.

	£	s.	d.
In-patient payments	188	8	6
From Dorset and Local Authorities in the County	314	15	6
Payments towards splints and appliances	29	6	3
	<hr/>	<hr/>	<hr/>
	532	10	3
	<hr/>	<hr/>	<hr/>
Nett expenditure	£3,733	0	9
	<hr/>	<hr/>	<hr/>

The original estimate approved by the County Council was £4,016 per annum, and did not allow anything for Central Office expenses or for rent of dispensaries. As about £140 has been allotted for these items and will come off other schemes the cost is working out well below the estimate.

From October 1st, 1926, the cost per week in hospital has been reduced from £2 12s. 6d. to £2 11s. 0d., and further reduced to £2 9s. 0d. from April 1st, 1927.

The prevention of crippling conditions. As I pointed out last year, no orthopaedic scheme, in my opinion, is worth while unless it is worked with and as part of a scheme for the prevention of crippling defects. There are two important considerations involved. One is that a large proportion of crippling conditions is entirely preventable; the other that a most important factor in sound treatment is early treatment. Neglected cases not only are much more troublesome to treat and yield less satisfactory results but the treatment given has to be greatly prolonged and therefore costs very much more. It is most important to link up the work of other sections of the Health Department so that cases come to our notice early. Already we are obtaining much earlier cases.

These important facts are never lost sight of and we are steadily developing our preventive agencies. All the cases of rickets should now come to our notice long before the stage of marked deformity. During the year 208 fresh cases of early rickets or suspected rickets were reported, and all these were given medical or other treatment. Only a few had to be transferred to the orthopaedic clinics for advice and surgical treatment if necessary.

The steps to deal with the prevention of crippling due to tuberculosis of bovine or human origin will be considered in my report as County Medical Officer of Health. Something is being done, but this branch of prevention still lags behind.

During the year special attention has been paid to the prevention of postural defects amongst school children. Two separate problems are involved. We have on the one hand the fact that a large proportion of the children at the elementary schools do not stand or sit correctly. In addition a much smaller proportion, which Dr. Forrester-Brown thinks is about 10 per cent., have postural defects which need correction by physical means. It is generally admitted that defective posture is an important factor in causing ill-health and that improvements in posture are followed by a marked improvement in both well-being and mental alertness. While crippling from postural defects can be dealt with at the Orthopaedic Clinic it is obvious that their prevention can only be done in the schools and in the homes of the children.

During the year the experimental courses of exercises for children picked out as showing postural defects were continued over part of the year. These were given in connection with the orthopaedic work at Weston-super-Mare (245 attendances), Glastonbury (187 attendances), and Radstock (233 attendances). They demonstrated that much good can be done by these types of exercises. They must be selected for their particular purposes and they must be given by a specially trained person since their effectiveness depends upon their being carried out very correctly. A trained instructress should, however, be able to train teachers and others without much difficulty to continue to carry out such exercises. We have had experience of this in that at Weston-super-Mare where some of the V.A.D. workers are supervising most efficiently these exercises, after they have had opportunities of seeing them carried out properly.

A special Sub-Committee of the Education Committee carefully considered these problems and the following recommendations made were adopted by the County Education Committee:—

- (a) That the vacant appointment formerly held by the Woman Organising Instructor of Physical Training be filled by a person who has also special qualifications for undertaking remedial work in connection with postural defects.
- (b) That unsuitable and defective school furniture be replaced as soon as possible.
- (c) That where floor space will permit, desks and separate chairs be provided for all children, selecting first those over the age of 11 years.
- (d) That a standard type of desk and chair, as submitted to and approved by the Committee, be supplied in future to children throughout the elementary schools.

The question of suitable desks and chairs is an integral part of the same problem. In co-operation with Dr. Forrester-Brown and the Wiltshire Education Committee and its advisors, a suitable type of desk and chair was selected and adopted. The desk is of dual type to take two children, while the chairs are separate and of special pattern as regards conformity to those points which are essential if satisfactory posture is to be obtained when seated. Of course varying sizes are necessary for children of different ages.

SCHOOL CLINICS.

The School Clinics at Weston-super-Mare and Frome were opened in 1920 and have fulfilled, and continue to fulfil, most useful functions in providing facilities for the more detailed examination of children referred from medical inspection and other special cases, and for the treatment of eye, ear and skin diseases and minor ailments. Children are only accepted for treatment on the recommendation of head teachers, school care visitors and attendance officers, and only if not obtaining treatment from their own doctors. The tables show the work accomplished last year.

The temporary Clinics at Welton, Radstock, Farnborough, and High Littleton have been continued. Forty-two children suffering from ringworm of the scalp and one from ringworm of the body were treated. Of these, 23 were cured and 29 were under treatment at the end of the year. The children made 336 attendances at the Clinics.

Further Clinics, temporary or permanent, could be established with advantage at other centres, e.g., Wellington, Glastonbury or Street, and Shepton Mallet, when staff is available.

WESTON-SUPER-MARE SCHOOL CLINIC.

SUMMARY OF WORK, 1927.

Reason for examination or treatment.	Examined only.	Treated.					Total examined or treated	Attendances at Clinic.
		Cured.	Improved.	Unrelieved	Under treatment etc.	Total treated.		
Fitness for School or Special Schools	29	—	—	—	—	—	29	33
Re-examined from 1926	7	—	—	—	—	—	7	14
External eye diseases	—	20	4	1	2	27	27	101
Ear diseases: Otorrhœa, etc.	... ...	12	5	5	22	24	24	336
Deafness	... ...	2	2	1	4	6	6	39
Ringworm: Body	... ...	—	3	—	3	3	3	11
Scalp	... ...	—	2	—	5	7	7	174
Infected skin diseases (Impetigo, Scabies, etc.)	... ...	—	103	—	2	105	105	309
Eczema and other skin diseases	... ...	—	5	1	—	10	15	59
Other conditions	... ...	31	24	2	1	28	59	116
Totals	...	76	175	13	2	16	206	282
								1192

24

Total individual children examined or treated = 269

FROME SCHOOL CLINIC.

SUMMARY OF WORK, 1927.

Fitness for School or Special Schools	1	—	—	—	—	—	1	1
Re-examined from 1926	18	—	—	—	—	—	18	40
External eye diseases	—	—	2	—	—	—	2	49
Ear diseases: Otorrhœa, etc.	... ...	—	8	12	—	10	30	175
Deafness	... ...	—	7	2	—	4	13	30
Ringworm: Body	... ...	—	12	—	—	1	12	70
Scalp	... ...	—	4	8	—	2	14	262
Infected skin diseases (Impetigo, Scabies, etc.)	... ...	—	71	—	—	1	72	184
Eczema and other skin diseases	... ...	—	22	2	—	1	25	90
Other conditions	... ...	44	41	5	—	8	54	287
Totals	...	64	165	31	—	27	223	287
								1188

Total individual children examined or treated = 240

VERMINOUS CONDITION OF SCHOOL CHILDREN.

The equivalent of the time of two whole time School Nurses was available for this and allied school work. All the Health Visitors did some of this work. The children examined were 22,900 boys and 23,439 girls, and of these, 463 boys (2.1%) and 1,417 girls (6.0%) were found verminous. During the year 230 children were excluded as belonging to the persistently verminous group. Most of these cleaned up, at least temporarily, under pressure. No legal proceedings were taken during the year for the first time since the scheme was fully developed.

The following table shows the inspections made and the results. The percentages shown do not accurately indicate the relative verminous conditions in the different areas since so much depends upon the children and schools selected. No regular examination of all the children in all the schools has been undertaken for many years as the staff available does not permit this to be done. Attention is now concentrated upon the specially dirty children and the few schools which contain a high proportion of such children. The schools are vastly cleaner as compared with years ago.

Sanitary Area.	No. of children inspected.		Excluded.	Prosecuted.	Percentage Verminous.	
	Boys.	Girls.			Boys.	Girls.
Axbridge ...	934	1003	4	—	3.3	9.7
Burnham-on-Sea ...	171	127	—	—	0.0	5.3
Highbridge ...	65	176	—	—	0.0	6.2
Weston-super-Mare	280	255	2	—	3.9	11.0
Bath Rural ...	1114	1076	18	—	1.4	5.7
Bridgwater Rural ...	790	788	2	—	1.6	6.0
Chard Urban ...	369	336	5	—	4.9	8.9
„ Rural ...	746	655	11	—	1.2	12.2
Crewkerne ...	161	169	3	—	2.5	7.7
Ilminster ...	214	249	—	—	3.3	7.6
Clutton ...	1820	1907	4	—	1.9	5.8
Midsomer Norton ...	1297	960	—	—	0.5	6.1
Radstock ...	640	702	—	—	1.6	3.7
Dulverton ...	330	310	—	—	5.2	8.0
Frome Urban ...	354	491	12	—	0.8	6.9
„ Rural ...	1252	1216	14	—	0.7	4.8
Keynsham ...	502	430	4	—	3.8	6.0
Langport ...	1594	1346	38	—	2.6	7.4
Long Ashton ...	729	800	2	—	3.0	4.4
Clevedon ...	123	109	2	—	0.0	0.9
Portishead ...	113	91	—	—	1.8	12.1
Shepton Mallet U....	340	351	—	—	2.9	7.1
„ R....	1158	1238	4	—	1.0	4.2
Taunton Rural ...	1310	1265	7	—	2.4	6.1
Wellington Urban ...	126	303	6	—	7.1	13.2
„ Rural ...	222	228	—	—	6.3	22.8
Wiveliscombe ...	122	113	—	—	7.4	38.0
Wells Urban ...	259	257	1	—	3.5	5.1
„ Rural ...	679	606	15	—	2.5	14.6
Glastonbury ...	41	190	—	—	0.0	3.7
Street ...	109	295	—	—	1.8	2.0
Williton ...	1350	1339	8	—	1.4	4.8
Minehead ...	437	542	—	—	1.4	5.9
Watchet ...	360	294	4	—	3.1	6.7
Wincanton ...	1324	1488	20	—	1.4	4.4
Yeovil Rural ...	1465	1739	44	—	1.8	6.2
	22,900	23,439	230	—	2.1	6.0

RINGWORM.

This disease is steadily diminishing in importance as a cause of loss of school attendance. At the end of 1927 there were only 121 cases known to the Health Department. The greatest number of cases were in Clutton Rural, 13; Midsomer Norton, 13; Radstock, 12; Frome Rural, 11; Bath Rural, 10; and Frome Urban, 9.

There were no known cases in 402 schools, one case in 36 schools, two cases in 6 schools, three in 8, four in 4, five in 1, and six or more in 4 schools. The five schools with five or more cases are Midsomer Norton C.E. (5), Chilthorne Domer (6), Frome Christ Church (6), Writhlington (6) and Radstock Council (10).

District Nurses, under the arrangements made by the County Education Committee, assisted in the treatment of 40 fresh cases. Of the 121 known cases, in 47 District Nurses are assisting in the treatment, as compared with 49 in the previous year. One new case was given X-ray treatment during the year for ringworm and this treatment was completed for 14 children, all of whom were certified as cured. Drug treatment is given at the Weston-super-Mare and Frome School Clinics and at temporary clinics in the Radstock and Midsomer Norton districts.

Attendance of Cases at School under the Special Conditions. — The following table classifies the known head ringworm cases at the end of the year according to whether attending school under the scheme or not.

Attending under the scheme as far as is known	...	92
Excluded : Refused scheme	...	10
,, Failure to comply with cap conditions	...	1
,, Suffering from extensive ringworm or on parts not covered by cap	...	9
,, Age under 5	...	9
Total excluded	...	29
		—
		121

The above figures show that as regards ringworm of the head, 76 per cent. of the children suffering are attending school under the special conditions.

Eighty-two cases of ringworm of the body were reported and excluded until cured. The majority were back at school within a few weeks.

SECONDARY SCHOOLS.

All the maintained Secondary Schools are systematically inspected but the staff available has not permitted the Aided Schools to be included, but these schools are given the option of having their pupils inspected by a local doctor. The Wells Blue Schools and the two Ilminster Schools have made an arrangement of this kind.

The number of scholars examined last year and the results obtained are shown below:—

ROUTINE MEDICAL INSPECTIONS.

				Boys.	Girls.	All.
Entrants	...	...	...	53	64	117
Intermediates	...	...	...	127	162	289
Leavers	...	...	...	23	28	51
				—	—	—
Totals	...	...		203	254	457

OTHER INSPECTIONS.

				Boys.	Girls.	All.
Specials	...	...	...	29	37	66
Re-inspections	...	...	...	128	106	234
				—	—	—
Totals	...	...		157	143	300

The defects found among the Secondary School scholars are enumerated in the accompanying table.

The figures include specially presented as well as routine children, which prevents them from being compared closely with those from the Elementary Schools as regards the prevalence of defects.

A number of the children who enter Secondary Schools with Scholarships show physical defects. Though it would seem reasonable that such children should have these defects remedied before they are admitted, such a stipulation is not permissible under the Board of Education Regulations. Arrangements were made in 1926 by which Free Place Scholars should not be given grants in aid until any previously discovered defects, which would prevent their taking full advantage of Secondary School education, were remedied. Last year 283 free places were awarded and all the scholars proved suitable after either reference to their medical records, or in a few instances special re-examination.

Medical treatment for Secondary School scholars has not been provided, but any suspected to be suffering from tuberculosis are referred to the nearest Tuberculosis Dispensary for further examination and, if necessary, treatment; and pupils with defective eyesight, who are not receiving treatment elsewhere, are offered special examination by the County Oculist. Last year such further examination was offered 65 pupils, and accepted by the parents of 41.

Of the 523 scholars examined as routine or special cases 86 were found to be already wearing spectacles. Where these spectacles appeared to be unsuitable, further examination was offered.

Defects found in Secondary School Children.

Condition.		No. of defects.	No. referred for treatment.	No. referred for observation.
Malnutrition	...	22	1	1
Uncleanliness	...	0	0	0
Skin Disease	...	1	0	0
Ringworm : Head	...	0	0	0
Body	...	1	1	0
Defective vision	...	132	37	10
Squint	...	3	2	0
Eye disease	...	5	4	0
Defective hearing	...	5	4	1
Ear disease	...	7	3	1
Nose and Throat disease :				
Tonsils slightly enlarged	...	41	2	2
,, considerably enlarged	...	8	4	2
Adenoids : Slight	...	11	2	4
,, Marked	...	0	0	0
Other conditions	...	11	3	1
Teeth : Dental disease	...	206	17	2
Enlarged cervical glands	...	29	2	0
Defective speech	...	3	0	0
Heart Disease :				
Organic	...	9	9	0
Functional	...	17	0	5
Anæmia	...	40	3	1
Lung disease (non-tubercular) :				
Bronchitis	...	1	0	1
Other diseases	...	4	1	0
Tuberculosis :				
Pulmonary—Definite	...	1	1	0
Suspected	...	0	0	0
Non-Pulmonary	...	4	1	3
Disease of the nervous system :				
Chorea	...	0	0	0
Other	...	7	0	6
Deformities	...	41	25	1
Enlarged Thyroid or Goitre	...	20	3	1
Other defects and diseases	...	24	8	5

EXCEPTIONAL OR DEFECTIVE CHILDREN.

Table III, at the end of this report summarises and classifies all the children who were on the Special Registers of the School Medical Department at the end of 1927. Any child suffering from more than one defect is recorded only in that class of defect which dominates the special education or treatment required.

For the purpose of calculating the incidence of defectives per 1,000 of the school children, the number of scholars on the elementary school registers last year is estimated at 43,807. The incidence calculated in this way is not strictly accurate, as normal children leave school at 14 years, while most of the defective children are retained on the Special Registers until 16 years of age.

Blind Children.

All children found or reported to be suffering from defective eyesight are referred to the County Oculist for examination, and any found to be "blind" or "partially blind" are so certified.

The 15 "blind" children recorded in Table III. represent an incidence of 0.3 per 1,000; and the 85 "partially blind" children, an incidence of 1.9 per 1,000 of the school population.

Admission to Blind Schools or Institutions is offered to all "blind" children, if they are of suitable age and mentally and physically fit for special education. In a few instances parents have refused, for reasons which cannot be legally contested, to allow their children to leave home.

Institutional cases on attaining the age of 16 years are transferred, if suitable, to the Higher Education Committee for further training.

Special Day Classes for "partially blind" children (and the same applies to "partially deaf" children) are desirable, but their provision in a large county with scattered schools is impossible in practice. Bad-sighted or myopic children must remain in the elementary schools, but the Head Teachers are directed how to give them oral and such other instruction as is possible without detriment to their eyesight.

Deaf Children.

Children reported to be deaf are specially examined, and, if necessary, certified as "deaf" or "partially deaf." All "deaf" children are sent to certified Deaf Schools or Institutions, if they are of suitable age and mentally and physically fit for special education.

The 36 "deaf" and 11 "partially deaf" children recorded in Table III. represent an incidence of 0.8 and 0.25 per 1,000 respectively of the school population.

Mentally Defective Children.

At the end of 1926 the Special Register contained the names of 409 feeble-minded children—231 boys and 178 girls. During the past year 27 boys and 16 girls, a total of 43 children, were certified as feeble-minded and their names added to the Register, while the names of 52 boys and 51 girls, a total of 103, were deleted owing to the children having attained the age of 16 years, removed from the County, died, or been re-graded; leaving a net total of 349 (206 boys and 143 girls) on the Special Register at the end of the year.

These 349 feeble-minded children are equivalent to 7.9 per 1,000 of the total number of children on the registers of the Elementary Schools.

Mental Examinations.—During the past year 155 children were examined and certified for the first time, and 82 were re-examined for re-grading or certification for Special Schools or Institutions.

The results of these examinations are shown below:—

	Schedule A.		Schedule B.	Schedule C.	Totals.
	Fit for education in an Elementary School.	Fit for Special Class for dull and backward children.	Fit for Special School.	Unfit for Special School.	
First examination—					
Boys	...	...	24	12	85
Girls	...	...	16	8	70
	—	17	—	—	155
Re-examined—					
Boys	...	...	15	3	25
Girls	...	...	48	1	57
	—	5	—	—	82
	22	88	103	24	237

The District School Medical Inspectors are responsible for the examination of all suspected mentally defective children of school age in their areas. Dr. Remnett Weaver, the Assistant County School Medical Officer, is responsible for the Weston-super-Mare area and the Street Special School, and he also acts as one of the Medical Officers of the Mental Deficiency Acts Committee. In addition to examinations included in the above Table, he last year made 25 examinations for the Mental Deficiency Acts Committee.

Dr. W. G. Parker is Visiting Officer for the Sandhill Park Special School for Girls and Farm Colony.

EDUCATION AND CARE OF DEFECTIVES.

Sandhill Park Institution and Special School. This was opened in 1925, as a Certified Institution under the Board of Control to provide accommodation for 72 female defectives, and as a Residential Special School under the Board of Education for 47 feeble-minded girls. The Farm Colony scheme is being developed, and houses will be built to accommodate feeble-minded boys and girls of school age and for adult male defectives, the mansion house being reserved for women. Plans are being prepared and building may commence in the autumn of 1928.

During the past year 11 girls were admitted to the Special School and 12 discharged. At the end of the year there were 43 girls in residence at the Special School. Seven of these girls belong to the Borough of Taunton and one each to the Boroughs of Bridgwater and Yeovil.

Street Special School. Since September, 1925, "The Grange," Street, has been used as a Special School for Boys. The accommodation is for 40, and at the end of 1927 there were 40 boys at the School. One child belongs to Taunton and one to Bridgwater.

In addition to the 40 boys at Street, 7 feeble-minded boys of school age are being maintained at the Western Counties Institution at Starcross and one at Lichfield.

No applications were made to the Magistrates for Attendance Orders for Special Schools last year, but the appeal to the High Court made by the parents of a girl against an Order made in the previous year was dismissed, and the girl is now at Sandhill Park.

Yatton Hall. This Institution was established in 1917 by the Somerset Association for the Care of the Mentally Defective. It was taken over by the Mental Deficiency Act Committee in 1919, and extensions were subsequently made to provide accommodation for 76 patients. It is primarily intended for low-grade defectives. At the end of 1927 there were in residence 26 boys and 12 girls of school age in addition to older defectives.

Special Day Classes. The Special Day Class at Street for feeble-minded children, opened in 1926, was closed in March, 1927.

The problem of Special Classes or Schools for the feeble-minded is closely linked with the provision of more individual education for the dull and backward children.

This dual problem was fully discussed in my last report. It will suffice here to point out that the altered policy of the Board of Education, to which I drew attention last year, is emphasized by Section 6 of Circular 1388. The Board after disclaiming any intention of underrating the value of Special Schools, advises waiting for the report of the Special Inter-departmental Committee (now sitting) before incurring heavy expenditure on new Special Schools.

The development of Special or "Coaching Classes" for dull, backward and the higher-grade feeble-minded children in connection with the larger elementary schools would seem to be consistent with the Board's policy, and the consideration of this economical method of giving suitable education to these groups of unfortunate children need not be further delayed.

Occupation Centres. Since 1920 the Somerset Association for Mental Welfare has provided very useful Occupation Centres in various parts of the County under the supervision of Miss Penrose. Last year the Centres at Taunton, Weston-super-Mare, Bridgwater and Frome were continued, and after the closure of the Special Class at Street the Occupation Centre was re-opened there. Most of the Centre Classes are held three days per week but the Weston Centre is, and the Frome Centre will be, five-day classes.

All but three of the children attending the Taunton and Bridgwater Centres belong to those Boroughs, but in December last there were on the registers 25 children of school age (including 4 imbeciles) and an older defective girl belonging to the County.

After Care of Mentally Defective Children. The Somerset Association for Mental Welfare through its officers and Voluntary Visitors is doing valuable work in following up and assisting defective children who have left school.

Epileptic Children.

The number of epileptic children of severe grade is small. Only 3 are at present in special institutions. Others would be sent but on account of mental defects no accommodation for them can be secured.

Physically Defective Children.

Cases of tuberculosis are dealt with through the Tuberculosis Section of the Health Department. It has not been found possible to classify the tuberculous children into the groups suggested by the Board of Education Circular No. 1321, Table III. All tuberculous children are periodically examined and certified as to their fitness for school by the School Medical Inspectors and the Tuberculosis Officers and no child in an infectious condition is permitted to attend school.

Crippled children are recorded in Table III. and the details of the County Orthopaedic Scheme are discussed on pages 17—23.

SCHOOL HYGIENE.

Sanitary Condition of Schools.—The importance of schools being in a sanitary and healthy condition is twofold. Defects such as faulty lighting, inadequate ventilation, or insufficient washing facilities may be directly prejudicial to the health of the children, while also schools are the centres for education and not the least important are the lessons imperceptibly taught to the children by a sanitary environment.

It is part of the duty of School Medical Inspectors to report upon the sanitary condition of school premises and 407 reports were received, as well as 2 upon Secondary Schools. In 231 cases no defects were found or at least adversely reported upon. In 73 the defects were of a minor character and not followed up, while in addition 26 reports on unsuitable desks were held in abeyance. In the remaining 105 instances the reports were referred to the Education Office to deal with. These, with the results obtained as regards their remedy, are summarised in the following table. The number is considerably more than 105, as many schools showed more than one defect.

Nature of defect found.	Action Taken.				Total.	
	Remedied.	Improved.	Pending.	No action taken.		
Structural defects of offices	...	13	0	14	1	28
Defects in usage of offices	8	0	5	0	13
Water supply	2	0	6	2	10
Ventilation defective	10	0	22	4	36
Lighting defective	7	0	12	3	22
Want of cleanliness	2	0	0	0	2
Defective cloakrooms	2	0	10	0	12
Repairs or re-decoration required...	6	1	13	1	21	
Desks unsuitable	15	0	11	7	33
Defective playground	1	1	9	0	11
Deficient heating	2	0	1	0	3
Other defects	3	0	5	1	9
	71	2	108	19	200	

Dr. Williamson reports (and this applies also to other areas) that in many of the schools in his area the cleanliness of the floors, desks, etc., was far from satisfactory due to insufficient supervision of the school cleaners, many of whom are too old and feeble for the work.

Hygiene Instruction in Schools. This special work was started in 1926, but owing to Miss Hobbs being away on sick leave for part of the year, it was not possible to do as much in this direction as could be wished. During the year a special course upon Physiology and Hygiene for teachers was given in four centres. This course was given at the following centres: Radstock (28), Weston-super-Mare (11), Bristol (20), Wellington (21). The figures in brackets show the average attendance. Each course consisted of 8 lectures, while in addition at Radstock, Bristol, and Wellington an additional lecture on Sex Hygiene was given to the women teachers. These lectures were much appreciated and should improve materially the teaching of hygiene to the school children.

Lists of suitable books and posters have been prepared and are kept well up to date. These can be obtained by Head Teachers through the County Education Office. Many health posters have been distributed in the schools.

Most teachers welcome short talks on health matters to the children, and the opportunity of being in the district often enables such a talk to be given. Forty such talks were given during the year.

The Health Week Committee appointed by the Royal Sanitary Institute offered a number of prizes to elementary and higher grade schools (each in the form of 10/- to be expended on books) for an essay competition among the children on "How Clean-

liness helps you along the road to Health." Each Head Teacher was asked to select and submit one essay considered the best from the Boys' Department and one essay from the Girls' Department. In all 1,523 essays were submitted and of the 340 prizes awarded to scholars in England and Wales, excluding the area of the London County Council, 34 were awarded to Somerset Schools. Two of the successful scholars attended schools in Bath City, but the other 32 were from Somerset County Education schools. The majority of the prizes went to schools where health talks had been given by Miss Hobbs, or where teachers in the schools had attended the special courses in Hygiene and Physiology arranged for teachers.

Six hundred painting books (with health teachings judiciously introduced), supplied free by the Health and Cleanliness Council, have been distributed at schools where health talks have been given. These have been much appreciated by the children and have proved a stimulus to encourage them to observe the general laws of health. Arrangements have been made with the teachers to distribute them to those children writing the best composition on the talk given, to those who have cleaned their teeth regularly, etc.

The Infant and Child Welfare Health Exhibition has been held in three towns and at all of these the older girls have attended, and they should have learnt a good deal in regard to child welfare and other health matters.

I am very glad to be able to report these evidences of the increased interest in this extremely important subject of School Hygiene since, as the Education Committee is aware, I have been stressing its importance and the inadequate response for at least the last 15 years. Very much more, however, requires to be done before it can be said that this subject forms an integral and satisfactory part of the teaching in every school. While, for example, a good many teachers attended the Hygiene and Physiology courses, the proportion of actual to possible attendances was disappointing. The fact that attendance was quite voluntary and teachers had to pay their own travelling expenses no doubt had something to do with the comparatively poor attendance.

I hope His Majesty's Inspectors will give more attention to the extent and quality of the teaching given in this subject. Sir George Newman in his report for 1927 to the Board of Education (*The Health of the School Child*) devotes 11 pages to "Health Teaching in Schools," and no one reading it should any longer be able to doubt its great importance. The following are a few of his remarks:—

"There should be no elementary school in England and Wales, chargeable to the rates and taxes, and where children are compelled by Act of Parliament to attend, in which the practical and sensible teaching of health is in any way neglected or allowed to fall into abeyance or be side tracked. 'The study and practice of health,' states the Board of Education, 'must form part of the everyday life of the school.'

"Hygiene should be taught in practice or theory, or both, at least once a week throughout the nine years of the child's school life. It may be taught as Hygiene or as a branch of Science, but it should be taught practically and systematically. For health teaching is a more fundamental and larger subject than has yet been

generally recognised in education. Such teaching must be part of a carefully laid plan operating throughout the whole of the child's school life and relating to all its learning and activities, if it is to take root. . . . Not less but more—much more—health teaching should be given. But it must be established on firm foundation and be well grounded."

Physical Training. I am indebted to the County Education Secretary for the following particulars of the work of the Physical Training Instructors:—

"It is now hoped to extend the scope of this work, more especially among girls and the younger children, by the appointment of the Woman Instructor of Physical Training in the post which has been vacant during this year.

The Committee are endeavouring to secure a woman with special qualifications to fill this post, so that she may be able to undertake not only the organisation of Physical Training, particularly among the girls and young children, but, in addition, remedial work in connection with postural defects. Such work has already been commenced by Captain Fitzgerald, so far as has been possible, through Teachers' Classes, and by means of instruction given during school visits, in correct posture for sitting and standing; and in the teachers' courses, where a table of exercises is given designed to correct bad posture, especially in weakly children. When, therefore, the School Medical Officer decides that children require this corrective treatment, it is hoped that in time a larger proportion of the teachers will be capable of carrying out the necessary work with a minimum of further instruction.

Teachers' classes have been held at Taunton, North Cadbury, Highbridge, Dulverton, and Wellington. Two additional courses, one for teachers of senior pupils and one for teachers of children in the lower standards, were held at Taunton for teachers in the service of the Borough Education Authority, and a further course has been arranged there for teachers of infant classes. There is a growing demand from the teachers in our schools for these classes, and it is hoped that when the woman instructor is appointed we shall be able to increase the number of courses. Observation has shown that these courses have greatly improved the 'life' and interest of the physical training lesson in the schools.

A programme of Inter-School and Inter-District football was carried out, and at the end of the season a team representing the County of Somerset played a team representing Dorset County at Bridport.

The Final County Athletic Meeting was held at Midsomer Norton in June, at which teams from 14 areas competed. Winners at this meeting competed in the Inter-County Championship Meeting at Stamford Bridge, London, in July—this is the first year in which Somerset has competed at this meeting.

A demonstration of Physical Education was given by children from the Elementary Schools of Somerset County and of the City of Bath at the Bath and West Agricultural Show at Bath in June. The work shown was that outlined in the Syllabus of Physical Training issued by the Board of Education in 1919, and included some of the usual exercises from that syllabus, Folk Dancing, and Games.

Folk Dancing has been enthusiastically taken up in an increased number of schools, and instruction in this subject is usually given at the Teachers' Classes."

INFECTIOUS AND CONTAGIOUS DISEASES IN SCHOOLS.

During the year 274 schools or departments were closed on account of infectious disease; 257 under Article 23 (b) of the Code by the School Medical Officer, and 17 under Article 22 by the Sanitary Authority on the advice of their Medical Officer of Health.

The Schools were closed for the following diseases:—

Influenza	...	...	...	...	...	...	263
Whooping cough	...	...	...	...	...	...	5
Measles	...	...	...	...	...	...	3
Scarlet fever	...	...	...	...	...	...	2
Chicken pox	...	...	...	...	...	...	1
							<hr/>
							274
							<hr/>

So far as possible schools are not closed for infectious disease and reliance is placed upon the exclusion of cases and suspected cases, but the outbreaks of influenza were so extensive, and frequently involved so many teachers, that closure was the only practicable procedure in most cases.

Under the Regulations of the Board of Education 184 certificates for weekly attendance below 60 per cent. were issued in respect of 103 schools or separate departments.

The cases excluded by the School Medical Officer or his Assistants during the year were 385. Of these, 148 were for ringworm, 27 for verminous condition of head or body, 120 for other skin diseases, while the remainder were for a variety of conditions. In addition, 139 cases of actual or suspected phthisis and 34 of other varieties of tuberculosis were excluded by the County Tuberculosis Officers.

LABORATORY.

During the year 7,812 samples and specimens were examined in the County Laboratory. The greater number were in connection with Public Health work. 3,190 suspected diphtheria swabs were examined, the majority being from children of school age; 527 specimens of hairs and stumps from suspected ringworm cases were examined; of these, 236 showed the ringworm fungus, while the remaining 291 were negative. Of these 527 specimens, 385 were taken by the School Medical Inspectors or the Health Visitors, and 142 were examined for private practitioners and District Nurses.

TABLE I.

Number of Children Inspected 1st January, 1927, to 31st December, 1927.

A.—Routine Medical Inspections.

Number of Code Group Inspections.	Boys.	Girls.	Total.
Entrants	2774	2715	5489
Intermediates	1883	1751	3634
Leavers	2086	2127	4213
Total	6743	6593	13336

Number of other Routine Inspections Nil.

B.—Other Inspections.

Number of Special Inspections	1075	1124	2199
Number of Re-inspections	4489	4436	8925
Total	5564	5560	11124

TABLE II.

A.—Return of Defects found in the course of Medical Inspection, 1927.

DEFECT or DISEASE.	Routine Inspections.		Specials.	
	No. referred for treatment.	No. requiring to be kept under observation, but not referred for treatment.	No. referred for treatment.	No. requiring to be kept under observation, but not referred for treatment
		(2)	(3)	(4)
Malnutrition	...	186	41	101
Uncleanliness—				13
Head	...	184	26	40
Body	...	8	0	2
Ringworm—				
Head	...	26	2	34
Body	...	6	0	17
Skin	Scabies	...	0	0
	Impetigo	...	45	57
	Other Diseases (Non-Tubercular)	...	10	2
Eye	Blepharitis	...	51	7
	Conjunctivitis	...	13	1
	Defective Vision	...	543	255
Ear	Squint	...	96	44
	Other Conditions	...	24	8
	Defective Hearing	...	68	8
Nose and Throat	Otitis Media	...	76	29
	Other Ear Diseases	...	22	2
	Tonsils—			
	Slightly Enlarged	...	83	554
	Considerably Enlarged	...	278	63
	Adenoids—			
	Slight	...	124	326
	Marked	...	48	3
	Other Conditions	...	27	66
	Enlarged Cervical Glands (Non-Tubercular)	...	20	171
	Defective Speech—			
	Stammer, etc.	...	6	5
	Educational Defects	...	13	26
Teeth—Dental Diseases	...	166	59	80
Heart and Circulation	Heart Diseases—			
	Organic	...	23	12
	Functional	...	14	102
	Anæmia	...	192	28
Lungs	Bronchitis	...	26	55
	Other Non-Tubercular Diseases	...	8	48
Tuber-culosis	Pulmonary—			
	Definite	...	16	3
	Suspected	...	6	47
	Non-Pulmonary	...	7	18
Nervous System	Epilepsy	...	9	11
	Chorea	...	5	1
	Other Conditions	...	17	21
Defor-mities	Rickets	...	13	10
	Spinal Curvature	...	11	1
	Other forms	...	242	61
Goitre	...	69	28	61
Other Defects and Diseases	...	246	80	157

B. Number of Individual Children found at Routine Medical Inspection to require treatment (excluding Uncleanliness and Dental Diseases).

GROUP. (1)	Number of Children.		Percentage of Children found to require treatment (4)
	Inspected. (2)	Found to require treatment. (3)	
CODE GROUPS:			
Entrants	5489	904	16.5
Intermediates	3634	607	16.7
Leavers	4213	675	16.0
Total (code groups)	13336	2186	16.4
Other routine inspections ...	Nil.	Nil.	—

TABLE III.

Return of all Exceptional Children in the Area.

			Boys.	Girls.	Totals.
BLIND (including partially blind).	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools for the Blind ... Attending Public Elementary Schools At other Institutions At no School or Institution ...	2 0 1 2	5 1 1 3	7 1 2 5 15
	(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools for the Blind ... Attending Public Elementary Schools At other Institutions At no School or Institution ...	— 33 — 10	— 33 — 9	— 66 — 19 85
DEAF (including Deaf and Dumb and partially Deaf).	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools for the Deaf ... Attending Public Elementary Schools At other Institutions At no School or Institution ...	17 5 — —	11 2 — 1	28 7 — 1 36
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Public Elementary Schools At no School or Institution ...	5 1	3 2	8 3 11
MENTALLY DEFECTIVE	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children ... Attending Occupation Centres ... Attending Public Elementary Schools At other Institutions At no School or Institution ...	48 11 76 1 70	34 10 58 — 41	82 21 134 1 111 349
	Notified to the Local Control Authority during the year.	Feeble-minded (a) Art. 5 ... (b) Art. 6 ... (c) Other ... Imbeciles Idiots	— — — 8 —	— 12 — 6 1	— 12 — 14 1 27
EPILEPTICS	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics ... Attending Public Elementary Schools At no School or Institution ...	3 5 5	— 2 4	3 7 9 19
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools At no School or Institution ...	23 —	10 —	33 — 33

TABLE III.—(continued).

		Boys.	Girls.	Totals.		
PHYSICALLY DEFECTIVE	Pulmonary Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board At Certified Residential Open-Air Schools At Public Elementary Schools ... At no School or Institution ...	1 6 82 30	4 11 61 25	5 17 143 55	220
	Non-Pulmonary Tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board At Public Elementary Schools ... At no School or Institution ...	7 21 25	5 21 13	12 42 38	92
	Delicate Children.	At Certified Residential Open-Air Schools At Public Elementary Schools ... At no School or Institution ...	— 52 3	3 46 6	3 98 9	110
	Crippled Children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools ... At Public Elementary Schools ... At other Institutions At no School or Institution ...	6 69 1 12	9 55 1 3	15 124 2 15	156
	Minor Deformities (including partially cured and non-crippling conditions)	At Certified Hospital Schools ... At Public Elementary Schools ... At no School or Institution ...	— 141 5	— 190 8	— 331 13	344

TABLE IV.

Treatment of Defects of Children during 1926.

A.—Treatment of Minor Ailments.

Disease or Defect.	Referred for treatment.	No. treated.	Results of treatment.			No. not treated, or no report.	Per cent. treated.
			Remedied.	Improved.	Unchanged		
Skin—							
Ringworm—Head ...	94	92	64	26	2	2	98
Body ...	15	15	15	0	0	0	100
Scabies ...	1	1	1	0	0	0	100
Impetigo ...	79	77	76	1	0	2	97
Minor Injuries ...	14	12	12	0	0	2	86
Other Skin ...	34	31	22	6	3	3	91
Ear Diseases ...	201	167	104	38	25	34	83
Eye Diseases (External and other) ...	207	175	87	67	21	32	85
Miscellaneous ...	79	72	55	14	3	7	91
	724	642	436	152	54	82	89

B.—Treatment of Visual Defect.

No. examined by County Oculist.							
No. referred for refraction, etc., 1926.	For whom spectacles prescribed.	For whom spectacles obtained.	Other forms of treatment advised.		No. for whom no treatment necessary.	No. Absent.	No. obtaining treatment elsewhere.
			Obtained.	Not obtained.			
1,145	908	872	6	0	73	149	9

C.—Treatment of Defects of Nose and Throat.

Referred for treatment.	No. treated.	Received operative treatment.	Received other forms of treatment.			No. not treated, or no report.	Per cent. treated.
			Remedied.	Improved.	Unchanged		
799	587	334	76	121	56	212	73

TABLE V.
Summary of Treatment of Defects during 1926.

Disease or Defect.	Referred for treatment	No. treated.	Results of treatment.			No. not treated, or no report.	Per cent. treated.
			Remedied.	Improved.	Unchanged		
Minor Ailments ...	724	642	436	152	54	82	89
Visual Defects (including Squint) ...	1145	923*	887	0	36	149	87
Defects of Nose and Throat ...	799	587	410	121	56	212	73
Dental Defects ...	338	205	91	107	7	133	61
Malnutrition ...	323	286	30	202	54	37	89
Defective Hearing ...	68	53	24	21	8	15	78
Defective Speech ...	9	6	0	6	0	3	67
Enlarged Cervical Glands (Non-T.B.) ...	26	21	9	9	3	5	81
Heart Disease—							
Organic	20	16	0	5	11	4	80
Functional	17	10	3	3	4	7	59
Anæmia	470	401	102	237	62	69	85
Lung Disease (Non-T.B.) ...	88	80	41	31	8	8	91
Tuberculosis—							
Pulmonary—							
Definite	23	23	1	20	2	0	100
Suspected	29	27	4	22	1	2	93
Non-Pulmonary ...	21	21	3	14	4	0	100
Disease of Nervous System ...	69	51	21	21	9	18	74
Deformities	516	328	33	212	83	188	64
Goitre	149	117	11	84	22	32	79
Other	421	343	155	141	47	78	81

*In addition 73 children attended and were examined but no treatment was necessary

TABLE VI.

Summary relating to Children Medically Inspected at the Routine
Inspections during the Year 1927.

(1) The total number of children medically inspected at the routine inspections	...	...	...	...	...	...	...	...	13,336	Percentage Prevalence.
(2) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)									1,574	11.8
(3) The number of children in (1) suffering from:—										
Malnutrition	...	...	...	...	...	...	...	...	1,110	8.3
Skin Disease	...	...	...	...	...	...	...	...	116	0.9
Defective Vision (including Squint)	...	...	...	...	...	...	...	...	3,008	38.3
Eye Disease	...	...	...	...	...	...	...	...	166	1.2
Defective Hearing	...	...	...	...	...	...	...	...	215	2.7
Ear Disease	...	...	...	...	...	...	...	...	281	2.1
NOSE AND THROAT DISEASE—										
Tonsils—Slightly Enlarged	...	...	...	...	...	...	...	2,053		15.4
Considerably „,	...	...	...	...	...	...	...	387		2.9
Adenoids—Slight	...	...	...	...	...	...	...	691		5.2
Marked	...	...	...	...	...	...	...	58		0.4
Other Conditions	...	...	...	...	...	...	...	623		4.7
									3,812	28.6
Enlarged Cervical Glands (Non-Tubercular)	...	...	...	...	...	...	...		1,820	13.6
DEFECTIVE SPEECH—										
Stammer, etc.	...	...	...	...	...	...	...	53		0.4
Educational defects	...	...	...	...	...	...	...	273		2.0
									326	2.4
Dental Disease	...	...	...	...	...	...	...		9,198	68.9
HEART DISEASE—										
Organic	...	...	...	...	...	...	...	45		0.3
Functional	...	...	...	...	...	...	...	138		1.0
									183	
Anæmia	...	...	...	...	...	...	...	...	537	1.4
LUNG DISEASE (Non-Tubercular)—										4.0
Bronchitis	...	...	...	...	...	...	...	150		1.1
Other Diseases	...	...	...	...	...	...	...	103		0.8
									253	1.9
TUBERCULOSIS—										
Pulmonary—Definite	...	...	...	...	...	...	...	22		0.2
Suspected	...	...	...	...	...	...	...	58		0.4
									80	0.6
Non-Pulmonary	...	...	...	...	...	...	...	27		0.2
Disease of the Nervous System	...	...	...	...	...	...	...		155	1.2
Rickets	...	...	...	...	...	...	...		226	1.7
Deformities	...	...	...	...	...	...	...		504	3.8
Goitre	...	...	...	...	...	...	...		369	2.0
Other Defects and Diseases	...	...	...	...	...	...	...		483	3.6

TABLE VII.

TOTAL 1927 INSPECTIONS.

SEPARATE DISTRICTS.

District.	Elder Children (12 & over).		8—9		3—8		9—11½		Children specially presented		Total.	Approximate Number Children in Average Attendance.	Percentage of Average Attendance Inspected.	Per cent. Routine Inspected 1927.	Medical Inspector.					
									Re-inspections.											
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.										
Axbridge	276	282	235	204	364	363	108	102	427	2,832	5,416	52.3	31.8	Dr. Hibbert, Dr. Walker						
Bath	84	84	84	77	158	108	57	60	228	225	1,165	1,717	67.8	34.7	Dr. Dunscombe, Dr. Williamson					
Bridgwater	132	127	111	125	161	162	39	50	141	172	1,220	2,199	55.5	37.2	Dr. Hibbert					
Chard	135	123	106	93	97	102	49	39	333	301	1,378	2,750	50.1	23.9	Dr. Brooks					
Clutton	176	244	197	193	255	265	101	137	631	715	2,914	4,223	69.0	31.5	Dr. Dunscombe, Dr. Lister					
Dulverton	25	38	24	31	44	42	34	29	83	55	405	531	76.3	38.4	Dr. Parker					
Frome	152	133	108	106	208	180	144	134	358	348	1,871	2,853	65.6	31.1	Dr. Dunscombe, Dr. Williamson					
Keynsham	54	32	51	44	82	88	58	57	139	137	742	934	79.4	37.6	Dr. Dunscombe, Dr. Williamson					
Langport	62	65	53	63	90	62	24	22	160	157	753	1,504	50.4	26.3	Dr. Brooks					
Long Ashton	176	148	152	158	213	228	54	48	198	203	1,578	3,032	52.0	35.5	Dr. Hibbert					
Shepton Mallet	117	126	108	100	139	126	36	46	208	255	1,261	1,630	77.4	43.9	Dr. Hibbert, Dr. Brooks					
Taunton	124	141	121	101	182	200	74	79	266	230	1,518	1,941	78.2	44.8	Dr. Parker					
Wellington	85	89	65	51	121	106	75	77	250	242	1,161	1,597	72.7	32.4	Dr. Parker					
Wells	144	131	143	116	195	216	45	58	194	187	1,429	2,728	52.4	34.6	Dr. Hibbert					
Williton	121	118	130	89	135	133	72	101	271	259	1,429	2,005	71.3	36.2	Dr. Parker					
Wincanton	125	123	118	115	192	172	67	43	295	290	1,540	1,940	79.4	43.6	Dr. Brooks					
Yeovil	98	123	77	85	138	162	38	42	263	233	1,259	1,960	64.2	34.8	Dr. Brooks					
Totals	2,086	2,127	1,883	1,751	2,774	2,715	1,075	1,124	4,489	4,436	24,460	38,960	62.8	34.2						

